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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V12503

1. Corporation Name
NEW THERMAL TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**12900 AUTOMOBILE BLVD.
 SUITE G
 CLEARWATER FL 33762
 US**

Mailing Address
**12900 AUTOMOBILE BLVD.
 SUITE G
 CLEARWATER FL 33762
 US**

3. Date Incorporated or Qualified
02/07/1992

4. FEI Number
59-3104518

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**YOHO, ROBERT
 12900 AUTOMOBILE BLVD.
 SUITE G
 CLEARWATER FL 33762**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOHO, ROBERT W	
STREET ADDRESS	5812 TOUCAN PLACE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANELLO, SALVATORE A	
STREET ADDRESS	7129 MATHEW ST.	
CITY-ST-ZIP	GREENBELT MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAGER, TERRY	
STREET ADDRESS	5909 AIRPORT BLVD., 2ND FLOOR	
CITY-ST-ZIP	MOBILE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Yoho, Robert W	
1.3 STREET ADDRESS	13799 Park Blvd N. #260	
1.4 CITY-ST-ZIP	Seminole, FL 33776	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jacoby, Annette	
2.3 STREET ADDRESS	601 79th Circle South	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nager, Terry	
3.3 STREET ADDRESS	29000 Hwy 98, Ste 201-A	
3.4 CITY-ST-ZIP	Daphne, AL 36577	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Owens, Scott	
4.3 STREET ADDRESS	2015 W. Fifth Ave	
4.4 CITY-ST-ZIP	Columbus, OH 43212	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Annette Jacoby Annette Jacoby, Secretary 02.05.99 (727) 571-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)